

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/655109	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		2					53					
4		2					54					
5		2					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		2					60					
11		2					61					
12	1						62					
13		1					63					
14		2					64					
15		3					65					
16		1					66					
17		1					67					
18		1					68					
19		3					69					
20		5					70					
21		5					71					
22		5					72					
23		5					73					
24		5					74					
25		5					75					
26		5					76					
27		3					77					
28		3					78					
29		3					79					
30		3					80					
31		5					81					
32		5					82					
33		5					83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	91	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓	↓	
TOTAL CLAIMS	93						TOTAL CLAIMS					